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MOTOR VEHICLE ACCIDENT REPORT		Please read the Privacy Act Statement on Page 3.		INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.			
SECTION I - FEDERAL VEHICLE DATA							
1. DRIVER'S NAME (Last, first, middle) <u>Jones, John Jim</u>				2. DRIVER'S LICENSE NO./STATE/LIMITATIONS <u>J-0000/US Army/Glasses</u>		3. DATE OF ACCIDENT <u>17 Jan 97</u>	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS <u>US Army/123d Transportation Company, FT Eustis, VA 23604-5000</u>				4b. WORK TELEPHONE NUMBER <u>(757) 878-0001</u>			
5. TAG OR IDENTIFICATION NUMBER <u>2C 111FX (Trk-120)</u>		6. EST. REPAIR COST <u>\$2,000</u>		7. YEAR OF VEHICLE <u>1986</u>		8. MAKE <u>Trk, Cgo, 5-Ton</u>	
				9. MODEL <u>M923A2</u>		10. SEAT BELTS USED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. DESCRIBE VEHICLE DAMAGE <u>Right headlight & signal light broke, front bumper bent & torn, right fender crushed, right front tire cut.</u>							
SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)							
12. DRIVER'S NAME (Last, first, middle) <u>Smith, Joseph James</u>				13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS <u>111-11-1110/VA/Daylight only</u>			
14a. DRIVER'S WORK ADDRESS <u>NA (retired)</u>				14b. WORK TELEPHONE NUMBER <u>() NA</u>			
15a. DRIVER'S HOME ADDRESS <u>100 Panther Paw Patch, Gloucester, VA 23061-1114</u>				15b. HOME TELEPHONE NUMBER <u>(804) 693-0000</u>			
16. DESCRIBE VEHICLE DAMAGE <u>Tailgate, bed, rear bumper & taillights smashed.</u>				17. ESTIMATED REPAIR COST <u>\$4,000</u>			
18. YEAR OF VEHICLE <u>1989</u>		19. MAKE OF VEHICLE <u>Nissan</u>		20. MODEL OF VEHICLE <u>Pickup</u>		21. TAG NUMBER AND STATE <u>123-ABC/VA</u>	
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS <u>Tidewater Pilecap Mutual Insurance</u> <u>123 Hightide Road, Norfolk, VA 24671-1561</u>				22b. POLICY NUMBER <u>000-00-123</u>			
				22c. TELEPHONE NUMBER <u>(757) 321-0000</u>			
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input checked="" type="checkbox"/> PRIVATELY OWNED		24a. OWNER'S NAME(S) (Last, first, middle) <u>Same as item 12.</u>		24b. TELEPHONE NUMBER <u>() Same as item 15b.</u>			
25. OWNER'S ADDRESS(ES) <u>Same as item 15a.</u>							
SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)							
26. NAME (Last, first, middle) <u>Smith, Joseph James</u>				27. SEX <u>M</u>		28. DATE OF BIRTH <u>17 Jan 27</u>	
29. ADDRESS <u>Same as item 15a.</u>							
30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2) <input checked="" type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		31. IN WHICH VEHICLE <input type="checkbox"/> FED <input checked="" type="checkbox"/> OTHER (2)		32. LOCATION IN VEHICLE <u>Behind Steering Wheel</u>		33. FIRST AID GIVEN BY <u>Mobydick Volunteer Rescue Squad</u>	
34. TRANSPORTED BY <u>Mobydick Volunteer Rescue Squad</u>		35. TRANSPORTED TO <u>McDonald Army Community Hospital, FTEustis, VA 23604-5001</u>					
36. NAME (Last, first, middle) <u>None</u>				37. SEX		38. DATE OF BIRTH	
39. ADDRESS							
40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2) <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)		42. LOCATION IN VEHICLE		43. FIRST AID GIVEN BY	
44. TRANSPORTED BY		45. TRANSPORTED TO					
a. NAME OF STREET OR HIGHWAY <u>None</u>				b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO			
46. Pedestrian c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)							



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SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)			
47. DATE OF ACCIDENT 17 Jan 97	48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (Industrial, business, residential, open country, etc.); Road description).		
49. TIME OF ACCIDENT 0810 AM	200 Block, Highway 101, Newport News, VA, 75 yards southwest of Jones & Jones railway crossing. Locality - residential. Road description - Blacktop, wet from rain.		
50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED <small>Use one of these outlines to sketch the scene. Write in street or highway names or numbers.</small>		51. POINT OF IMPACT (Check one for each vehicle)	
<p>1. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.</p> <p>Example: → 1 2 ←</p> <p>2. Use solid line to show path before accident and broken line after the accident.</p> <p>3. Show pedestrian by → ○</p> <p>4. Show railroad by ++++++</p> <p>5. Place arrow in this circle to indicate NORTH</p>		<p>FED 2 AREA</p> <p>✓ a. FRONT</p> <p>b. R. FRONT</p> <p>c. L. FRONT</p> <p>✓ d. REAR</p> <p>e. R. REAR</p> <p>f. L. REAR</p> <p>g. R. SIDE</p> <p>h. L. SIDE</p>	
<p>52. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).</p> <p>I was traveling northeast on highway 101 at approximately 15 MPH, I looked down at an oil can rolling on the floor of my truck. When I looked back up at the roadway, there was a black pickup truck stopped in the roadway. The road was wet causing me to slide into the rear of the pickup.</p>			
SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)			
53. NAME (Last, first, middle)	54. WORK TELEPHONE NUMBER	55. HOME TELEPHONE NUMBER	
A White, Sarah Mary	(757) 887-9999	(757) 229-1888	
56. BUSINESS ADDRESS	57. HOME ADDRESS		
1216 Oyster Point Rd, Newport News, VA 22164	8765 York Blvd, Yorktown, VA 13345-0010		
58. NAME (Last, first, middle)	59. WORK TELEPHONE NUMBER	60. HOME TELEPHONE NUMBER	
B None	()	()	
61. BUSINESS ADDRESS	62. HOME ADDRESS		
SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)			
63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER	63c. HOME TELEPHONE NUMBER	
None	()	()	
63d. BUSINESS ADDRESS	63e. HOME ADDRESS		
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER	64c. POLICY NUMBER	
	()		
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST	
		\$	
SECTION VII - POLICE INFORMATION			
68a. NAME OF POLICE OFFICER	68b. BADGE NUMBER	68c. TELEPHONE NUMBER	
CPL Betty White	1234	(757) 887-1212	
69. PRECINCT OR HEADQUARTERS	70a. PERSON CHARGED WITH ACCIDENT	70b. VIOLATION(S)	
Newport News, VA	PFC John J. Jones	Inattentive Driving	



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SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

None

SAMPLE

SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER

John J. Jones, PFC, Driver

71b. DRIVER'S SIGNATURE AND DATE

John J. Jones, 17 Jan 97

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN

73. DESTINATION

74. EXACT PURPOSE OF TRIP

75. TRIP BEGAN	DATE	TIME (Circle one) a.m. p.m.	76. ACCIDENT OCCURRED	DATE	TIME (Circle one) a.m. p.m.
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77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR

☐ ORALLY ☐ IN WRITING (Explain)

78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE

☐ NO ☐ YES (Explain)

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS

☐ YES ☐ NO (Explain)

80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED.

☐ NO ☐ YES (Explain)

81. COMPLETED BY DRIVER'S SUPERVISOR

a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY

☐ YES
☐ NO

b. COMMENTS

82a. NAME AND TITLE OF SUPERVISOR

82b. SUPERVISOR'S SIGNATURE AND DATE

82c. TELEPHONE NUMBER

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**SF 91 PAGE 4****SECTION XI - ACCIDENT INVESTIGATION DATA**83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. ☐ YES ☐ NO (If "Yes", explain below.)**84. PERSONS INTERVIEWED**

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

86. REVIEWING OFFICIAL'S COMMENTS

87. ACCIDENT INVESTIGATOR

a. SIGNATURE AND DATE

b. NAME (First, middle, last)

c. TITLE

d. OFFICE

e. OFFICE TELEPHONE NUMBER
()**88. ACCIDENT REVIEWING OFFICIAL**

a. SIGNATURE AND DATE

b. NAME (First, middle, last)

c. TITLE

d. OFFICE

e. OFFICE TELEPHONE NUMBER
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